

APPLICATION FOR HOME OCCUPATION PERMIT

DATE RECEIVED _____

FEE _____

DATE TO VDOT _____

RECEIPT # _____

APPROVAL DATE _____

TAXES PAID _____

APPLICANT'S NAME

PHONE

ADDRESS

TAX MAP NO.

CITY

Home Occupation (or Profession) applied for: _____

Will your Home Occupation Permit be used **for office use only**? _____

If not, describe the usage. _____

The business is on the (N S E W) side of (Road Name) _____ Route # _____.

The closest intersection is (Road Name) _____ Route # _____.

Is the applicant the owner of the property on which the permit is requested? [] YES [] NO

If not, owner must sign here. _____
Signature Date

Residence information only:

1. What is the total square footage of the residence? _____
2. What are the **dimensions (or square footage) of the area of residence** where your business will operate?

3. How many employees (including applicant)? _____
4. Will all the home occupation employees reside in the dwelling of the applicant? [] YES [] NO

Outside building information only:

1. Is there an outside storage associated with this business? [] YES [] NO
2. Are there any buildings on this property used in conjunction with the business? [] YES [] NO
3. What is the size of the building? _____ What is it used for? _____
4. What is the **total square footage of the building** that is to be used for the business?

HOME OCCUPATION PERMIT (Continued)

Hours of operation? _____

Within **one hour time period**, what would be the estimated number of customer or vendor trips associated with this business? _____

Will the **use produce** obnoxious odors, glare, noise vibrations, electrical disturbance, radio activity or other conditions detrimental to the character of the surrounding area? ☐ YES ☐ NO

Would there be window displays of products, goods, or commodities? ☐ YES ☐ NO

Along with completed pages 1 and 2 of this application, submit the following information.

FURNISH ON 8 1/2' X 11' PAPER, ONE (1) COPY OF A DRAWING SHOWING:

- (1) Size and shape of parcel.
- (2) Location of dwelling on parcel with setback, side and rearyard distance.
- (3) Area to be used for home occupation or profession.
- (4) Access to and from property with dimensions of the driveway.
- (5) Dimensions of parking area for home occupation. If turn around area, dimensions should be shown for the space.
- (6) Number of vehicles belonging to applicant & family **and** where these vehicles are normally parked.

As applicant, I submit the foregoing responses are true and understand that a finding to the contrary by the Zoning Administrator can invalidate this application. I understand the use shall comply with Section 17-126, 127 of the Rockingham County Zoning Ordinance, as amended, and that if at any time the requirements of the Section are exceeded, I may be required to relocate my business to property suitable to my operation or apply for special use permit for my business if required in that zoning district.

Applicant

Date

**HOME OCCUPATION PERMIT APPLICATION WILL BE SUBMITTED
BY THE ZONING OFFICE TO THE FOLLOWING AGENCIES**

Virginia Department of Transportation (Requires a minimum of 5 working days) 434-2586
3536 N. Valley Pike
Harrisonburg, VA 22802

VA Dept. of Transportation

Rockingham County Health Department	Office Hours (M - F)
110 North Mason Street	8:00-9:00 a.m.
Harrisonburg, VA 22801	4:00-4:30 p.m.

Rockingham County Health Dept.

Rockingham County Building Official	Office Hours (M – F)
Administration Center	8:00-9:00 a.m.
20 East Gay Street	4:00-4:30 p.m.
Harrisonburg, VA 22801	

Rockingham County Building Official